

CITY OF ALEXANDRIA 2018 TAX RELIEF PROGRAMS FOR THE ELDERLY OR TOTALLY AND PERMANENTLY DISABLED

REAL ESTATE TAX EXEMPTION OR DEFERRAL & PERSONAL PROPERTY TAX RELIEF APPLICATION

DUE DATE IS APRIL 16, 2018

GENERAL INFORMATION:

Application for the 2018 tax relief programs must be filed with the Finance Department. The application should be mailed to the following address no later than **April 16, 2018:**

Revenue Division
Tax Services & Enforcement
P. O. Box 178
Alexandria, VA 22313

If you need assistance in completing the form, you may contact:

Tax Services & Enforcement City Hall 301 King Street, Suite 1700 Alexandria, Virginia 22314 Telephone: 703.746.3901 Option 6 Email: taxrelief@alexandriava.gov

All information provided in the application is confidential and not open to the public. The application will be evaluated on the following criteria:

REAL ESTATE TAX EXEMPTION OR DEFERRAL

ELIGIBILITY REQUIREMENTS

- 1. The property for which an exemption or deferral is requested must be owned, or partially owned, by the applicant on January 1, 2018.
- As of January 1, 2018, the applicant must occupy the property for which the exemption or deferral is sought as his or her sole residence and must occupy the property throughout the year.
- 3. Any applicant who is residing in a hospital, nursing home, convalescent home, or a facility for physical or mental care will be considered as having met condition 2 as long as the property is not being occupied by, rented or leased to another for consideration.
- 4. The applicant occupying the property and holding title or partial title thereto must be either 65 years of age or older or permanently and totally disabled **on or before November 15, 2018.** (If the applicant's 65th birthday occurs during 2018, the tax relief is prorated.)

INCOME AND ASSET REQUIREMENTS

- 1. The <u>total combined household gross income</u> of the applicant and his/her spouse seeking an exemption shall not have exceeded \$72,000 for calendar year 2017.
 - Total combined household gross income includes the income of the applicant and, if living in the home, the applicant's spouse, as well as that of any other owners or relatives of the applicant or spouse living in the home. There are two possible exclusions: 1) for a relative: any amount up to \$10,000 of income of any relative who is not the spouse living in the property; and 2) for a disabled person: up to \$10,000 of income of the applicant, and any other owner residing in the property, who is totally and permanently disabled shall be excluded.
- 2. The net combined financial worth (assets) of the applicant and his/her spouse, excluding the house and lot up to two acres, shall not exceed \$430,000, as of December 31, 2017.
- 3. The amount of exemption is based on total combined household gross income levels. Applicants with incomes of \$40,000 or less will receive a full exemption and applicants with incomes from \$40,001 to \$72,000 will receive a partial exemption. Applicants with incomes from \$40,001 to \$55,000 will be exempted from 50% of the real estate taxes on their home. Applicants with incomes from \$55,001 to \$72,000 will be exempted from 25% of the real estate taxes on their home. All applicants granted a partial exemption may opt to defer the remaining balance of the real estate taxes on their home. Applicants with not more than \$72,000 of income may defer all real estate taxes.
- 4. Taxes exempted under this program do not have to be repaid at a later date. Taxes deferred under this program must be repaid when the property changes ownership. The remaining balance of unpaid deferred taxes shall accrue interest at the rate of five percent (5%) per year from the date of the deferral until the taxes are paid in full.

PERSONAL PROPERTY TAX RELIEF

ELIGIBILITY REQUIREMENTS

- 1. The vehicle for which tax relief is requested must be owned, or partially owned, and used by or for the applicant. **Leased vehicles do not qualify for tax relief.**
- 2. The vehicle for which tax relief is requested must be currently assessed by the City at less than \$30,000. Only one vehicle per household shall be granted tax relief.
- 3. The applicant must be at least 65 years of age or permanently and totally disabled on or before April 16, 2018. The applicant must provide proof of age (such as a copy of a valid driver's license or birth certificate) or certification of disability if the applicant is under 65.

INCOME AND ASSET REQUIREMENTS

- 1. The total combined gross income of the applicant and his/her spouse shall not have exceeded \$20,000 for calendar year 2017.
- 2. The net combined financial worth (all assets, including vehicles) of the applicant and his/her spouse, excluding the value of the principal residence and lot up to two acres in the City, shall not exceed \$75,000 as of December 31, 2017.

DISABLED PERSONS

Please note: Certification of disability is required for new applicants only.

Permanently and totally disabled persons must attach to the application certification of their disability from the Social Security Administration Office, the Department of Veterans Affairs or the Railroad Retirement Board, or a sworn affidavit by two medical doctors licensed to practice in the Commonwealth of Virginia. The certification must state that the applicant is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity that can be expected to last for the duration of the applicant's life.

VERIFICATION OF INCOME AND ASSETS

- 1. All applicants must attach copies of documents to support income, e.g., Social Security (SSA-1099), Railroad Retirement (RRB-1099), pension statements (1099-R), wages (W-2), interest income (1099-INT), dividend income (1099-DIV), miscellaneous income (1099-MISC), etc. All applicants must attach copies of documents to support net worth as of December 31, 2017, e.g. all bank and/or financial institution statements for December 2017. These statements arrive by mail each January and indicate the total income received from the sender for the previous year. Other income might be verified by divorce agreements, leases, etc.
- All applicants that are required to file Federal Income Tax Returns must also provide a copy of the tax returns, with all income attachments (Schedules B, C, D and E), by April 20, 2018.

FOR ADDITIONAL INFORMATION: CALL THE CITY'S TAX SERVICES & ENFORCEMENT AT 703.746.3901 Option 6.

PLEASE NOTE:

- The City Code requires that applicants who qualify for tax relief notify the Tax Relief Office in the event of any changes during 2018 which affect their eligibility status. Examples of changes that need to be reported: (a) change of residence; (b) sale or rental of the property; (c) death of the applicant(s); or (d) significant changes in income or assets.
- The City Code also requires that applicants submit the completed application or annual certification required by Section 3-2-165 no later than April 15 of the taxable year. (April 16th this year due to the weekend)
- You should receive notification by mail of the City's decision by the end of May. If you do not receive such a letter, please contact the Tax Services & Enforcement Office at <u>703.746.3901</u>, <u>Option 6</u> before June 15.

Real Estate and Personal Property Tax Relief Walk-in Assistance Hours:

Monday - Friday, 9 a.m. to 4 p.m.



CITY OF ALEXANDRIA

2018 TAX RELIEF PROGRAM FOR THE ELDERLY OR TOTALLY DISABLED

(Application for Real Estate Tax Exemption or Deferral & Personal Property Tax Relief)

| OFFICIAL USE ONLY | Databank # | | PP Account # | | Received Date | | Sca | Scan Date | |
|---|------------------------------|--------------|------------------------------|------------------------|---------------|----------|-----------|-----------|--------|
| 1 st Request Date | 2 nd Request Date | | 3 rd Request Date | | Approved | | | Denied | |
| | | | | | RE | PP | | RE | PP |
| Proration Deferral | Completed Date | | Initial: | | LEVEL: | 100% | 5 | 0% | 25% |
| APPLICANT INFORMATI | ON | | | | | | · | | |
| NAME (Applicant) | | | | SOCIAL SI | ECURITY : | # | BIF | RTH D | ATE |
| NAME (Spouse) | | | | SOCIAL SI | ECURITY # | # | BIF | RTH D | ATE |
| ADDRESS: | | | CITY/9 | STATE: | | | | 7IP (| CODE: |
| | | | | | | 10.50 | | 211 | |
| HOME PHONE NUMBER | : | | WO | RK/OTHER PH | IONE NUM | IBER: | | | |
| I WAS PERMANENTLY A | ND TOTALLY DISAE | BLED AS | 6 OF | | | _ (Pleas | se prov | ide da | ite). |
| NAME, ADDRESS, AND PH (EMAIL OPTIONAL) | HONE NUMBER OF A | AN EMEF | RGENCY CO | NTACT IF FURT | HER INFO | RMATIO | ON IS F | REQUI | ESTED: |
| COMPLETE FOR ALL OT | THER OWNERS AND | D RELA | TIVES RESI | DING IN THE P | ROPERTY | Y | | | |
| NAME | | RELATIONSHIP | | SOCIAL SECURITY # | | ITY# | | AGE | |
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| | | JI | | | | | | | |
| REAL ESTATE TAX REL | ` ' | | | | _ | ,. | | | . — |
| 1. Type of relief (check one.) Exemption Deferral | | | Deferral | Exemption and Deferral | | | IШ | | |
| 2. Is the real estate in the applicant's name? | | | | Yes 🗌 | | No [| | | |
| 3. Were you residing at the above address on or before January 1, 2018? | | | Yes 🗌 | | No L | | | | |
| 4. Will you be 65 years of | of age on or before N | Novemb | er 15, 2018 | } | Yes | | No | | |
| PERSONAL PROPERTY | TAY DELIEE (for yo | our carl | (Cross incom | as must be less | than \$20.0 | 00/2222 | to \$75 (| 100 or | locs) |
| | | | | | | | | JUU 01 | 1622) |
| Was your gross house (If "No," do not check to the control of | | | man \$20,000 |)? | Yes 🗌 | | No 🗌 | | |
| 2. Is the vehicle registered | ed in the applicant's | name? | | | Yes 🗌 | | No 🗌 | | |
| 3. Will you be 65 years of age on or before April 16, 2018? | | | Yes 🗌 | | No 🗌 | | | | |

GROSS INCOME INFORMATION (FOR 1/1/2017 - 12/31/2017) PROOF OF ALL INCOME MUST BE PROVIDED

| AP | PLICANT AND SPOUSE (Enter annual, not monthly amount | ts) | |
|----------|--|----------------------------|----------------------------|
| | For married couples filing jointly, all income may be entered under "Applicant." | Applicant | Spouse |
| 1 | Wages, salaries, and commissions | | |
| 2 | Interest income (include State and Municipal Bonds) | | |
| 3 | Dividend income (taxable and non-taxable) | | |
| 4 | State of Virginia tax refund as shown on line 10, Form 1040 | | |
| 5 | Other (alimony, gifts, child support, gambling winnings, etc.) | | |
| 6 | Business income (Schedule C, Line 29, exclude losses) | | |
| 7 | Capital gains (Schedule D, Form 1040) | | |
| 8 | Distributions from IRA or other retirement accounts | | |
| 9 | Pensions and annuities (include VA Benefits) | | |
| 10 | Rental real estate, royalties, etc., income (Schedule E, Form 1040) | | |
| 11 | Unemployment compensation, disability, sick pay, etc. | | |
| 12 | Social Security benefits (Box 3 of the SSA-1099) | | |
| 13 | Railroad Retirement Benefits | | |
| 14 | Total gross income for each | | |
| 15 | Total combined gross income for applicant & spouse | | |
| | Total combined greec meems for applicant a speace | | |
| ALI | OTHER OWNERS AND RELATIVES RESIDING IN THE PROPER | ' | l amounts only) |
| | | Other Owner/ Relative 1 | Other Owner/ Relative 2 |
| 16 | Wages, salaries, and commissions | Troiding 1 | Ttolauro 2 |
| 17 | Interest income (include State and Municipal Bonds) | | |
| 18 | Dividend income (taxable and non-taxable) | | |
| 19 | State of Virginia tax refund as shown on line 10, Form 1040 | | |
| 20 | Other (alimony, gifts, child support, gambling winnings, etc.) | | |
| 21 | Business income (Schedule C, Line 29 ,exclude losses) | | |
| 22 | Capital gains (Schedule D, Form 1040) | | |
| 23 | Distributions from IRA or other retirement accounts | | |
| 24 | Pensions and annuities (include VA Benefits) | | |
| | 1 chains and annuites (include VA benefits) | | |
| 25 | Rental real estate, royalties, etc., income (Schedule E, Form 1040) | | |
| 25 26 | , | | |
| | Rental real estate, royalties, etc., income (Schedule E, Form 1040) | | |
| 26 | Rental real estate, royalties, etc., income (Schedule E, Form 1040) Unemployment compensation, disability, sick pay, etc. | | |
| 26 27 | Rental real estate, royalties, etc., income (Schedule E, Form 1040) Unemployment compensation, disability, sick pay, etc. Social Security benefits (Box 3 of the SSA-1099) | | |

NET COMBINED FINANCIAL WORTH (ASSETS) SECTION AS OF 12/31/17 PROOF OF ALL ASSETS MUST BE PROVIDED

| List of Assets Applicant Spouse Relative 1 Cash on hand Checking accounts Savings accounts and money market Savings certificates (CDs) IRA, 401K or other retirement accounts Stocks, bonds, and/or mutual funds Life insurance (cash value only) Annuity (cash value only) Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) Other assets not listed above Value of Automobile(s) Value of Automobile(s) Other assessed value (first vehicle) 2017 assessed value (second vehicle) | |
|---|-----------------------------------|
| 2 Checking accounts 3 Savings accounts and money market 4 Savings certificates (CDs) 5 IRA, 401K or other retirement accounts 6 Stocks, bonds, and/or mutual funds 7 Life insurance (cash value only) 8 Annuity (cash value only) 9 Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 4 Savings certificates (CDs) 5 IRA, 401K or other retirement accounts 6 Stocks, bonds, and/or mutual funds 7 Life insurance (cash value only) 8 Annuity (cash value only) Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 5 IRA, 401K or other retirement accounts 6 Stocks, bonds, and/or mutual funds 7 Life insurance (cash value only) 8 Annuity (cash value only) 9 Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 6 Stocks, bonds, and/or mutual funds 7 Life insurance (cash value only) 8 Annuity (cash value only) 9 Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value 2017 assessed value (first vehicle) 2017 assessed value | |
| 7 Life insurance (cash value only) 8 Annuity (cash value only) 9 Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 8 Annuity (cash value only) Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| Other real estate owned - (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 9 (2017 assessment notice and December 2017 payoff statement are required) 10 Other assets not listed above 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| 11 Value of Automobile(s) 2017 assessed value (first vehicle) 2017 assessed value | |
| Value of (first vehicle) Automobile(s) 2017 assessed value | |
| ` 1 2017 assessed value | |
| | |
| Total All Assets | |
| Are you required to file a Federal Income Tax Return for 2017? YES NO LEASE NOTE: | |
| Please attach a photocopy of your 2017 Federal Income Tax Return to this appl are required to file. If it is not available when you file this affidavit, it must be subm 20, 2018. | ication if you litted by April |
| <u>All</u> applicants/relatives must also attach photocopies of supporting documents to sources of income and assets. i.e., Social Security (SSA-1099), Railroad Retirer Pension (1099-R), W-2, interest income (1099-INT), dividend income (1099-DIV income (1099-MISC), all bank and/or financial institution statements for December | ment (RRB-10) /), miscellane |
| Failure to submit <u>all required documentation</u> by the due date will result in th application. | |

g PROVIDE HIS OR HER NAME, ADDRESS, AND TELEPHONE NUMBER-

| Your Signature | Date | Spouse's Signature | Date |
|----------------|------|--------------------|-------------|
| (Signee Name)* | | Address | Telephone # |